MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10620279 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		D				
12		1				
13		1				
14		1				
15		2				
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50						
TOTAL IND.	1					
TOTAL DEP.	25					
TOTAL CLAIMS	26					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						